

***Environmental Checklist***

*The following information is to be filled out by a company representative for the contracted work or service to be performed.*

*Please Print*

Contact person	_____	Date	_____
Company Name	_____		
Address	_____		
	_____		
Phone	_____		
Fax	_____		
Cell	_____		

*Please circle Yes or No to all questions.*

**Will the contracted work or service include any of the following activities?**

**Combustion Sources such as:**

Air Heating and Supply	Yes	No
Mobile Transportation, such as forklift or carts	Yes	No
Excavation or Grading	Yes	No
Drilling or Blasting	Yes	No
Rock Crushing	Yes	No
Demolition	Yes	No
Welding or Soldering	Yes	No
Painting	Yes	No
Asphalt Paving	Yes	No
Use or Storage of Chemicals or Fuels	Yes	No

**Environmental Checklist**

Transfer of Bulk Materials Yes No

Disposal of Chemical Wastes Yes No

Disposal of General Wastes Yes No

If yes, please describe wastestreams:

**Building Maintenance Activities:**

Paint Removal Yes No

Painting Yes No

Hydroblasting Yes No

Sandblasting Yes No

Surface Preparation / Treatments, such as  
floors and roof repair Yes No

Purging or repair of distribution lines such  
as those for fuel, oil, or solvents Yes No

Use of chemicals, solvents, caustics,  
acids, oils, etc. Yes No

Use of herbicides, pesticides, or insecticides Yes No

**Business or Work Related Activities:**

Use or receipt of chemical materials  
(other than janitorial or cleaning materials.) Yes No

Generation and disposal of chemical wastes Yes No

Generation of sealers, adhesives, coatings, or paints Yes No

Welding, soldering, brazing or similar activities Yes No

Use of caustics or acids Yes No

***City of Williamsburg***  
***Department of Public Works and Utilities***  
*Environmental Management System*

**Form: 4.4.62-2FB**

Form Date: 7/6/04

Revision No.

Revision Date:

***Environmental Checklist***

Use of combustion gases Yes No

Please list fuels used:

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Discharge to storm drains Yes No

*For questions or additional information regarding the use of this form, refer to the Contractor Environmental Management Procedure or contact an EMS Team member at (757) 220-6140*

Print Name: Title:

Contractor Representative Signature: Date:

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*To be completed by the EMS Team after a review is conducted.*

A review of the above activities determined:

☐ This Contractor Environmental Checklist (Form: 4.4.63-1FB) is approved, no further action is needed.

☐ The Contractor Environmental Activities Statement (Form: 4.4.63-2FB) will be issued,  
a response must be received by: \_\_\_\_\_

Environmental Team Member Signature: Date: